



APPLICANT'S INFORMATION:

Name: _____
First M Last

Address: _____
Street City State Zip

Office Phone: _____ Personal Phone: _____ Preference: Office [] Personal []

Office E-Mail: _____ Personal E-Mail: _____ Preference: Office [] Personal []

ORGANIZATION

Organization Name: _____

Address: _____
Street City State Zip

Title: _____ Start Date: _____

ADDITIONAL LEADERSHIP ROLES:

Three horizontal lines for additional leadership roles.

WHAT DRIVES YOUR INTEREST IN KLI 2.0 AND HOW DOES YOUR CURRENT ROLE OR ORGANIZATION SUPPORT ADVANCING YOUR CAREER ASPIRATIONS?

Five horizontal lines for text response.

TUITION: Tuition for the conference is \$450. DEADLINE: Application must be received by May 1, 2024.

NOTE: We ask that participants commit to be present for the entire 2 day program. If you are unable to make this commitment, it is not in the interest of the cohort for you to apply at this time and we welcome you next year.

Signature: _____ Date: _____

Please email completed application to:
info@kennebecvalleychamber.com
105 Second St. Ste 1B Hallowell, ME 04347
Any questions? Call 623-4559